MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00904

CERTIFICATE OF DEATH

00892

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) (Last) ABBOTT

4. DATE OF DEATH: (Month) (Day) (Year) Jan 21 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Mar-13-1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 10 Days 8 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood.
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD ABBOTT
14. MOTHER'S MAIDEN NAME: CATHERINE LANGRALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Dames Quarter Catherine Webster - daughter - md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

605X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Haemorrhage	17 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic Cystitis	5 years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT X **SUICIDE HOMICIDE** (Specify) Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Dames Quarter (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4 1955 2p
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out door on steps

22. I hereby certify that I attended the deceased from June 10, 1951, to Jan 21, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Eldon G. Marksman M.D. Princ. Anne Md 1.22.55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan 23-1955
NAME OF CEMETERY [redacted] St. Johns M.E.
LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REG. 1/28/55
REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR L. Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00930 **CERTIFICATE OF DEATH** Reg. Dist. No. 00893

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 S. 4th St.
39 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) 146 S. 4th St. 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) F. (Last) AMES

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 2, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ames

14. MOTHER'S MAIDEN NAME: Lillian Horsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: ——

17. INFORMANT & ADDRESS: John Ames--146 S. 4th St.—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 340.0 (a) Meningitis - H. influenzae - Type B DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 wk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1955, to Jan. 16, 19 55, that I last saw the deceased alive on Jan. 16, 19 55, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 1/18/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Jan 18, 1955 NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 1/18/55 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons Funeral Home--Crisfield, Md.

2064309405

RECEIVED
JAN 24 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00894

00901

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item 9 FilmC176 2-4-55 et

1. PLACE OF DEATH: COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39

LENGTH OF STAY (in this place) 48 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Pine Street 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39

STREET ADDRESS (If rural give location) 316 Pine Street 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Thomas (Last) Heath

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 16,1907

9. AGE last birthday: ~~48~~ 47 yrs. IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: metal plater

10b. KIND OF BUSINESS OR INDUSTRY: Cutlery manufactor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Sidney Heath

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 11

16. SOCIAL SECURITY No.: 217-05-1512

17. INFORMANT & ADDRESS: Harriett Heath, 316 Pine St., Crisfield

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Natural Cause

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from He was dead, 19 , that I last saw the deceased alive on before I was called, 19 , and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn MD

ADDRESS Crisfield Md

DATE SIGNED Jan 28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 30,1955

NAME OF CEMETERY OR CREMATORY American Legion

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 1/28/55

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

00925 00895

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dame Quarter

LENGTH OF STAY (In this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dame Quarter (Rural)

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Jones

4. DATE OF DEATH (Month) Jan (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Boy

8. DATE OF BIRTH: Sept 2, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Boy

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Boonds

14. MOTHER'S MAIDEN NAME: Mary Willie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mary Willie Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Acute Cold — INTERVAL BETWEEN ONSET AND DEATH 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchopneumonia — 2 days.

DUE TO

(c) History from mother indicates above

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Johnson M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-21-55

NAME OF CEMETERY OR CREMATORY Mancana

LOCATION (City, town, or county) (State) Dames Quarter Md

DATE REC'D BY LOCAL REG. 1/21/55

REGISTRAR'S SIGNATURE R. H. Johnson, M.D.

24. FUNERAL DIRECTOR William H. James Jr. Princess Anne Md

ADDRESS

509499V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JAN 25 1935
BUREAU V. S.

00936 00896

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne

LENGTH OF STAY (in this place) life time

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Princess Anne X

STREET ADDRESS (If rural, give location) Route 1 (Mt. Vernon)

3. NAME OF DECEASED: (Type or Print) (First) Narvel (Middle) A. (Last) Jones

4. DATE OF DEATH (Month) January (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/12/1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Princess Anne-Rt.1, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Jones

14. MOTHER'S MAIDEN NAME: Lessie Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, giva war or dates of service)

16. SOCIAL SECURITY No.: 215-16-3991

17. INFORMANT & ADDRESS: Augustus Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812X

Immediate cause (a) Fractured Skull, Internal injuries

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound fracture of left leg, fracture

DUE TO

(c) Fright fore arm — Hit by an automobile as he was crossing highway 13

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 13

21c. (City or town) (County) (State) 1 mile North Princess Anne Somerset Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-8-55 11:25 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? was struck by an automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Johnson M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Jan 10-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/11/55

NAME OF CEMETERY OR CREMATORY St. Paul Cemetery Rt1

LOCATION (City, town, or county) (State) Princess Anne, Somerset - Md.

DATE REC'D BY LOCAL REG. 1/11/55

REGISTRAR'S SIGNATURE R. H. Johnson M.D.

24. FUNERAL DIRECTOR Ballard H. James Jr. ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00897

00907

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND

X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover

LENGTH OF STAY (in this place) 75 years

OO HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Layfield, Sr.

4. DATE OF DEATH (Month) Jan. (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 18, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Snow Hill, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Henry Layfield

14. MOTHER'S MAIDEN NAME: May Thomas Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Jennings Richards, Westover

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x

IMMEDIATE CAUSE (A) Coronary Condition — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSE (B) DUE TO (B) Chronic Myocarditis & C Int Nephritis — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) General Arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Jan. 1, 1955, that I last saw the deceased alive on Dec. 1, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Penny C. Coulbourn M.D. M.D. ADDRESS Marion Sta. Md DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan. 4, 1955

NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian

LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-3-55

REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR: Lewis R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00908 **CERTIFICATE OF DEATH** Reg. Dist. No. 00898 25

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 37
STREET ADDRESS (If rural give location) Byrdtown Section 1

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) MARIA (Last) MESSICK
4. DATE OF DEATH: (Month) January (Day) 24 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 9, 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Nelson
14. MOTHER'S MAIDEN NAME: Nola Riggin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John Messick— Byrdtown Section Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X
Immediate cause (a) ~~Rh Chronic~~ Heart failure & pulmonary ordema — Interval Between Onset And Death: 3 mo
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart disease — 3 years
DUE TO
(c) i.e. Mitral stenosis & insufficiency

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Leg ulcers - Hypertension - Nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to Jan. 24, 1955, that I last saw the deceased alive on Jan. 23, 1955, and that death occurred at 8:20 a.m., from the causes and on the date stated above.
SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED 1/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Jan. 26, 1955
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 1-26-55
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw & Sons—531 Main St.—ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1955
BUREAU V.

00999 00899

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover Rural
LENGTH OF STAY (In this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location) P. O. Box 61

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Edward Thomas Milbourne

4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 11, 1936
9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): High School Student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Westover Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ballard Milbourne
14. MOTHER'S MAIDEN NAME: Elsie Miles -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 214-34-8040
17. INFORMANT & ADDRESS: Ballard Milbourne Westover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
976X
Immediate cause (a) Shotgun wound of head - Gun
DUE TO
Antecedent cause(s) (b) barrel placed against forehead
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Chem fired -

INTERVAL BETWEEN ONSET AND DEATH: 0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State) Westover Somerset Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-23-55 - 3:10 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Gun shot wound - self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Johnson Preview Anne M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan 26 1955
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Westover Somerset Co Md
DATE REC'D BY LOCAL REG. 1/25/55
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Md

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 009.0

CERTIFICATE OF DEATH

0092 Reg. Dist. No. 265

1. PLACE OF DEATH:
19 COUNTY Somerset MARYLAND
29 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 3 days
8 HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Harvey Cox (daughter) Jacksonville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 29
STREET ADDRESS (If rural give location) 236 N. Somerset Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CERENA (Last) MORGAN

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 28, 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dize

14. MOTHER'S MAIDEN NAME: Mary Dize

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: 236 N. Somerset Ave. Wilbur F. Morgan, Jr.-- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute Myocardial Infarction — Interval Between Onset And Death: 20 Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Atherosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1954, to Jan 5, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. N. Barr M. D. ADDRESS Crisfield, Md. DATE SIGNED Jan 7, 1955

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF Ja. 7, 1955 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 1/7/55 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons Funeral Home--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00901

CERTIFICATE OF DEATH

00910

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole Md.
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) M. (Last) Noble

4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb 25 1887
9. AGE last birthday: 67 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt Vernon Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Huntington
14. MOTHER'S MAIDEN NAME: Maria Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Thomas Noble Jr. Oriole Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (B) DUE TO Hypertension — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO breast

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. metastatic carcinoma — 1 yr ½

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1952 to 1-14, 1955 that I last saw the deceased alive on 1-14, 1955 and that death occurred at 1:30 P.M, from the causes and on the date stated above.

SIGNATURE: Geo M Dunn MD
ADDRESS: M. D. Princess Anne Md
DATE SIGNED: 1-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 1-19-55
NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
LOCATION (City, town, or county) (State): Oriole Md.

DATE REC'D BY LOCAL REGISTRAR: 1/19/55
REGISTRAR'S SIGNATURE: R. S. Johnson, M. D.
24. FUNERAL DIRECTOR: James Hanman
ADDRESS: Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00902

00923

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield

LENGTH OF STAY (in this place) lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield

STREET ADDRESS (If rural give location) Mariners Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	HOPE	PRUITT	January	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Dec. 15, 1877	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Agent	Balto. Life Ins. Co.	Crisfield, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elijah H. Pruitt	Cornelia C. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes Spanish-American	214-10-9161	Mrs. Pearl Daugherty Pruitt-- Mariners Rd. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Thrombosis — 7 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis

DUE TO

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis & Cardiac dilatation

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January, 1954, to January 26, 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D	Crisfield, Md	1/29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Jan. 29, 1955	American Legion Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/55	Betty W. Tyler	Bradshaw & Sons	531 Main St.-Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00912

CERTIFICATE OF DEATH

00903

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Crisfield X
STREET ADDRESS (If rural give location) Calvary /

3. NAME OF DECEASED: (First) Merley (Middle) (Last) Riggin
4. DATE OF DEATH: (Month) January (Day) 18, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Widower	January 8,1881	74 yrs.	0	10		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired lumber man	Retail lumber	Crisfield, Maryland	USA

13. FATHER'S NAME: John W. Riggin
14. MOTHER'S MAIDEN NAME: Grace Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	214-03-5717	Mary E. Sterling, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 154X Carcinoma of Rectum — 11 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1954, to Jan. 18, 1955, that I last saw the deceased alive on Jan. 18, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) M. D ADDRESS Crisfield, Md DATE SIGNED 1/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 21, 1955 — NAME OF CEMETERY OR CREMATORY Crisfield — LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/20/55 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durwatrd Q. Covington — ADDRESS Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00905

00913

CERTIFICATE OF DEATH

Reg. Dist. No. 760

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. Princess Anne
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. Princess Anne
STREET ADDRESS (If rural give location) RFD 2

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ZADOCK (Last) ROSS

4. DATE OF DEATH. (Month) Jan (Day) 26, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Aug 16, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 Hrs., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own farm

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ross

14. MOTHER'S MAIDEN NAME: Susan Beauclamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 214-16-3048

17. INFORMANT & ADDRESS: Edward Ross, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B) DUE TO Cardio-Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Stroke 2 months - Bronchial Pneumonia 1 week

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 52 to Jan 25, 1955, that I last saw the deceased alive on Jan 25, 1955, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE R. E. Sartorius M. D. ADDRESS Pocomoke City DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 30, 1955 — NAME OF CEMETERY OR CREMATORY Butler Cemetery — LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR 1/29/55 — REGISTRAR'S SIGNATURE R. S. Johnson M.D.

24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke, Md.

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00904

00911

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
19 COUNTY Somerset MARYLAND
× CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 41
oa HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset 17
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md. ×
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Spence (Last)

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 6 1880

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor, Railroad

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Julius Spence

14. MOTHER'S MAIDEN NAME: Hester Addinsow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Viola Corbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
4222 Immediate cause	(a)	Chronic Myocarditis	7 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic General Arthritis	5 Years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1954, to Jan 6, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Elton G. Marksman Princess Anne Md 1-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-55	Christ M E.	Coston Station, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/7/55	R.S. Johnson, M.D.	William H. James Jr.	Princess Anne, Md

9T

00914 MARYLAND STATE DEPARTMENT OF HEALTH 00906

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City 2342.2
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 6 Th Sreeet

3. NAME OF DECEASED (Type or Print)	(First) Rose	(Middle) Mae	(Last) Wheatley	4. DATE OF DEATH	(Month) Jan. (Day) 22 (Year) 55
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 22, 1928	9. AGE last birthday 26 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY labor	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Lane			14. MOTHER'S MAIDEN NAME M. Frances Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY No. 213-22-5962	17. INFORMANT Marie Caetes Pocomoke, Maryland		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823 X Immediate cause (a) Fracture of Cervical Vertebrae at base — 0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of skull. Automobile accident was

(c) thrown forward against dash and windshield

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street	(CITY OR TOWN) Princess Anne (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-22-55 5:15 A m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Car hit utility Pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Johnson M.D.	Deputy Medical Examiner	Princess Anne, Md	1-24-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-30-1955	NAME OF CEMETERY OR CREMATORY Hall Hill Cemetery	LOCATION (City, town, or county) (State) Pocomoke, Maryland
DATE REC'D BY LOCAL REG. 1/25/55	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR Levin R. Wilson	ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN [illegible] 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00907

CERTIFICATE OF DEATH

00915

Reg. Dist. No. 26-5

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 11 weeks
79 HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehobeth
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) T. (Last) WILLIAMS, JR.

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 14, 1939

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Williams

14. MOTHER'S MAIDEN NAME: Violet Roberts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: ———

17. INFORMANT & ADDRESS: Mrs. Violet Williams—Rehobeth, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0
Immediate cause (a) Sepsis, Acute Dil of heart — Interval Between Onset And Death: 7½ mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) gun shot wound - 10-22-54 -
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 22-54

19b. MAJOR FINDINGS OF OPERATION: Torn Bladder + sigmoid - comminited fracture of illeum + ischium

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home Rehobeth, (CITY OR TOWN) Rehoboth. (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 22 - 54 11:00 A m.

INJURY OCCURED White at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Brother & he, were fooling with gun.

22. I hereby certify that I attended the deceased from Oct 22, 19 54, to Jan. 8, 19 55, that I last saw the deceased alive on Jan. 8, 19 55, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Marion Sta. Md DATE SIGNED 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 12, 1955 — NAME OF CEMETERY OR CREMATORY Marumsco Cemetery — LOCATION (City, town, or county) (State) Marumsco, Md.

DATE REC'D BY LOCAL REGISTRAR 1-10-55 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS: Bradshaw & Son Funeral Home—Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1955
BUREAU V. S